

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
MEDICAL ASSISTANCE ADMINISTRATION
Olympia, Washington**

To: Pharmacies
DME Providers
Managed Care Plans

**Memorandum No: 05-71 MAA
Issued: July 25, 2005**

From: Douglas Porter, Assistant Secretary
Medical Assistance Administration (MAA)

**For Information Call:
(800) 562-6188**

Subject: Enteral Nutrition Program: Fee Schedule Changes

Effective for dates of service on and after September 1, 2005, the Medical Assistance Administration (MAA) will update the maximum allowable fees for the Enteral Nutrition Program.

Maximum Allowable Fees

MAA is adjusting the maximum allowable fees for the Enteral Nutrition Program. The Product List and Fee Schedule have been updated to reflect these changes.

Attached are updated replacement pages H.1-H.8 and K.1-K.4 for MAA's current *Enteral Nutrition Program Billing Instructions*.

Bill MAA your usual and customary charge.

How can I get MAA's provider issuances?

To obtain MAA's provider numbered memoranda and billing instructions, go to MAA's website at <http://maa.dshs.wa.gov> (click on the ***Billing Instructions/Numbered Memoranda*** or ***Provider Publications/Fee Schedules*** link).

To request a free paper copy from the Department of Printing:

1. **Go to:** <http://www.prt.wa.gov> (Orders filled daily.)
 - a) Click ***General Store***.
 - b) If a **Security Alert** screen is displayed, click **OK**.
 - i. Select either ***I'm New*** or ***Been Here***.
 - ii. If new, fill out the registration and click ***Register***.
 - iii. If returning, type your email and password and then click ***Login***.

- c) At the **Store Lobby** screen, click *Shop by Agency*. Select *Department of Social and Health Services* and then select *Medical Assistance*.
 - d) Select *Billing Instructions, Forms, Healthy Options, Numbered Memo, Publications, or Issuance Correction*. You will then need to select a year and the select the item by number and title.
2. **Fax/Call:** Dept. of Printing/Attn: Fulfillment at FAX (360) 586-6361/ telephone (360) 586-6360. (Orders may take up to 2 weeks to fill.)

Product List

Providers must use the applicable HCPCS codes for all enteral nutritional claims. **Please note: The appropriate modifier must be used (see page G.1). MAA periodically makes changes to the product list. Visit MAA's web site regularly to view updates.**

Product Name	HCPCS Code	One Unit =	9/1/05 Maximum Allowable Fee
Billing must be limited to a 1-month supply. Units must be rounded to the nearest whole number. MAA does not reimburse for puddings and shakes.			
Additions	B4155	100 cal.	\$0.93
Advera	B4154	100 cal	\$1.39
Alimentum Protein Hydrolysate Formula with Iron	B4161	100 cal	\$2.41
AlitraQ	B4153	100 cal	\$2.41
Amino-Aid	B4154	100 cal	\$1.39
Boost (with or without fiber)	B4150	100 cal	\$0.79
Boost HP	B4150	100 cal	\$0.79
Boost Plus	B4152	100 cal	\$0.59
Calcilco XD Pwd	B4162	100 cal	\$1.39
Carnation Alsoy	B4150	100 cal	\$0.79
Carnation Follow-up	B4150	100 cal	\$0.79
Carnation Good Start	B4150	100 cal	\$0.79
Carnation Instant Breakfast Junior	B4152	100 cal	\$0.59
Carnation Instant Breakfast Lactose Free	B4150	100 cal	\$0.79
Carnation Instant Breakfast Lactose Free Plus	B4152	100 cal	\$0.59
Carnation Instant Breakfast Lactose Free VHC	B4152	100 cal	\$0.59
Casec	B4155	100 cal	\$0.93
Choice DM	B4154	100 cal	\$1.39
Choice DM Bar (EPA required; use # 870000868. See page F.6.)	B9998	1 bar	\$0.72
Compleat Modified	B4149	100 cal	\$1.53
Compleat Pediatric	B4149	100 cal	\$1.53
Comply	B4152	100 cal	\$0.59
Criticare HN	B4153	100 cal	\$2.41
Crucial	B4153	100 cal	\$2.41

Product Name	HCPCS Code	One Unit =	9/1/05 Maximum Allowable Fee
Billing must be limited to a 1-month supply. Units must be rounded to the nearest whole number. MAA does not reimburse for puddings and shakes.			
Cyclinex 1	B4162	100 cal	\$1.39
Cyclinex 2	B4162	100 cal	\$1.39
Deliver 2.0	B4152	100 cal	\$0.59
Diabetisource	B4154	100 cal	\$1.39
Diabetisource AC	B4154	100 cal	\$1.39
Duocal	B4155	100 cal	\$0.93
Elecare	B4161	100 cal	\$2.41
Enfacare	B4160	100 cal	\$0.59
Enfamil	B4158	100 cal	\$0.79
Enfamil 22	B4150	100 cal	\$0.79
Enfamil AR	B4158	100 cal	\$0.79
Enfamil LactoFree	B4158	100 cal	\$0.79
Enfamil Next Step	B4158	100 cal	\$0.79
Ensure (with or without fiber)	B4150	100 cal	\$0.79
Ensure Bar (EPA required; use # 870000868. See page F.6.))	B9998	1 bar	\$0.72
Ensure High Protein	B4150	100 cal	\$0.79
Ensure Plus	B4152	100 cal	\$0.59
Ensure Plus HN	B4152	100 cal	\$0.59
FAA (Free Amino Acid Diet)	B4153	100 cal	\$2.41
FiberSource	B4150	100 cal	\$0.79
FiberSource HN	B4150	100 cal	\$0.79
GA 1 and 2	B4153	100 cal	\$2.41
Generic/Store Brand Formula	B4150	100 cal	\$0.79
<i>Note: Providers may bill for generic or store brand products only when the content of the product is the same as Ensure, Boost, or NuBasics.</i>			
Glucerna	B4154	100 cal	\$1.39
Glucerna Bar (EPA required; use # 870000868. See page F.6.))	B9998	1 bar	\$0.72
Glucerna Shake	B4154	100 cal	\$1.39

Product Name	HCPCS Code	One Unit =	9/1/05 Maximum Allowable Fee
Billing must be limited to a 1-month supply. Units must be rounded to the nearest whole number. MAA does not reimburse for puddings and shakes.			
Glutarex 1	B4162	100 cal	\$1.39
Glutarex 2	B4162	100 cal	\$1.39
Glutasorb	B4153	100 cal	\$2.41
Glytrol	B4154	100 cal	\$1.39
HCY 1 and 2	B4162	100 cal	\$1.39
Hepatic-Aid	B4154	100 cal	\$1.39
Hominex 1	B4162	100 cal	\$1.39
Hominex 2	B4162	100 cal	\$1.39
Immun-Aid	B4154	100 cal	\$1.39
Immunocal	B4155	100 cal	\$0.93
Impact 1.5	B4154	100 cal	\$1.39
Impact (with or without fiber)	B4154	100 cal	\$1.39
Impact Glutamine	B4153	100 cal	\$2.41
Impact Recover	B4154	100 cal	\$1.39
Isocal	B4150	100 cal	\$0.79
Isocal HN	B4150	100 cal	\$0.79
Isocal HN Plus	B4150	100 cal	\$0.79
Isomil	B4159	100 cal	\$0.79
Isomil DF	B4150	100 cal	\$0.79
Isosource 1.5	B4152	100 cal	\$0.59
Isosource	B4150	100 cal	\$0.79
Isosource HN	B4150	100 cal	\$0.79
Isosource VHN	B4154	100 cal	\$1.39
Isotein HN	B4153	100 cal	\$2.41
Jevity	B4150	100 cal	\$0.79
Jevity Plus	B4150	100 cal	\$0.79
Juven (with arginine, glutamine and HMB)	B4155	100 cal	\$0.93
KetoCal	B4154	100 cal	\$1.39
Ketonex 1	B4162	100 cal	\$1.39
Ketonex 2	B4162	100 cal	\$1.39
Kindercal	B4158	100 cal	\$0.79

Product Name	HCPCS Code	One Unit =	9/1/05 Maximum Allowable Fee
Billing must be limited to a 1-month supply. Units must be rounded to the nearest whole number. MAA does not reimburse for puddings and shakes.			
Kindercal TF w/fiber	B4150	100 cal	\$0.79
Lipisorb Liquid	B4154	100 cal	\$1.39
L-Emental	B4153	100 cal	\$2.41
L-Emental Hepatic	B4154	100 cal	\$1.39
Magnacal Renal	B4154	100 cal	\$1.39
MCT Oil	B4155	100 cal	\$0.93
Microlipids	B4155	100 cal	\$0.93
Modulen IBD	B4154	100 cal	\$1.39
MSUD Diet Powder	B4162	100 cal	\$1.39
Neocate	B4161	100 cal	\$2.41
Neocate One Plus	B4161	100 cal	\$2.41
NeoSure	B4160	100 cal	\$0.59
Nepro	B4154	100 cal	\$1.39
Novasource 2.0	B4152	100 cal	\$0.59
Novasource Renal	B4154	100 cal	\$1.39
Novasource Pulmonary	B4154	100 cal	\$1.39
NuBasics (with or without fiber)	B4150	100 cal	\$0.79
NuBasics 2.0	B4152	100 cal	\$0.59
NuBasics Bar (EPA required; use # 870000868. See page F.6.)	B9998	1 bar	\$0.72
NuBasics Fruit Beverage	B4150	100 cal	\$0.79
NuBasics Plus	B4152	100 cal	\$0.59
NuBasics VHP	B4150	100 cal	\$0.79
Nutramigen	B4161	100 cal	\$2.41
Nutren 1.0 (with or without fiber)	B4150	100 cal	\$0.79
Nutren 1.5	B4152	100 cal	\$0.59
Nutren 2.0	B4152	100 cal	\$0.59
Nutren Junior (with or without fiber)	B4158	100 cal	\$0.79
NutriHeal	B4150	100 cal	\$0.79
Nutrihep	B4154	100 cal	\$1.39
Nutrirenal	B4154	100 cal	\$1.39

Product Name	HCPSC Code	One Unit =	9/1/05 Maximum Allowable Fee
Billing must be limited to a 1-month supply. Units must be rounded to the nearest whole number. MAA does not reimburse for puddings and shakes.			
Nutrivent	B4154	100 cal	\$1.39
Optimental	B4153	100 cal	\$2.41
OS 1 and 2	B4154	100 cal	\$1.39
Osmolite	B4150	100 cal	\$0.79
Osmolite HN	B4150	100 cal	\$0.79
Osmolite HN Plus	B4150	100 cal	\$0.79
Pediasure (with or without fiber)	B4160	100 cal	\$0.59
Pediatric Peptinex DT (with or without fiber)	B4161	100 cal	\$2.41
Peptamen	B4153	100 cal	\$2.41
Peptamen 1.5	B4153	100 cal	\$2.41
Peptamen with Prebio 1	B4153	100 cal	\$2.41
Peptamen Junior	B4161	100 cal	\$2.41
Peptamen VHP	B4153	100 cal	\$2.41
Peptinex DT	B4161	100 cal	\$2.41
Perative	B4153	100 cal	\$2.41
PFD2	B4155	100 cal	\$0.93
Phenex 1	B4162	100 cal	\$1.39
Phenex 2	B4162	100 cal	\$1.39
PhenylAde Amino Acid Blend	B4155	100 cal	\$0.93
PhenylAde MTE	B4155	100 cal	\$0.93
Phenyl-Free	B4162	100 cal	\$1.39
Phenyl-Free 2	B4162	100 cal	\$1.39
Phenyl-Free HP2	B4162	100 cal	\$1.39
Polycose Liquid	B4155	100 cal	\$0.93
Polycose Powder	B4155	100 cal	\$0.93
Portagen	B4158	100 cal	\$0.79
Pregestimil	B4161	100 cal	\$2.41
Probalance	B4150	100 cal	\$0.79
Pro-Cel	B4155	100 cal	\$0.93
Promod	B4155	100 cal	\$0.93
Promote (with or without fiber)	B4150	100 cal	\$0.79

Product Name	HCPCS Code	One Unit =	9/1/05 Maximum Allowable Fee
Billing must be limited to a 1-month supply. Units must be rounded to the nearest whole number. MAA does not reimburse for puddings and shakes.			
Pro-Peptide	B4153	100 cal	\$2.41
Pro-Peptide VHN	B4153	100 cal	\$2.41
Pro-Peptide for Kids	B4161	100 cal	\$2.41
ProPhree	B4155	100 cal	\$0.93
Propimex 1	B4162	100 cal	\$1.39
Propimex 2	B4162	100 cal	\$1.39
ProSobee	B4159	100 cal	\$0.79
ProSure	B4150	100 cal	\$0.79
Protein Eight Bar (EPA required; use # 870000868. See page F.6.)	B9998	1 bar	\$0.72
ProViMin	B4155	100 cal	\$0.93
Pulmocare	B4154	100 cal	\$1.39
RCF	B4155	100 cal	\$0.93
Reabilan	B4154	100 cal	\$1.39
Reabilan HN	B4153	100 cal	\$2.41
Regain Bar (EPA required; use # 870000868. See page F.6.)	B9998	1 bar	\$0.72
Renal Cal	B4154	100 cal	\$1.39
Replete (with or without fiber)	B4150	100 cal	\$0.79
Resource	B4150	100 cal	\$0.79
Resource Arginaid	B4155	100 cal	\$0.93
Resource Bar (EPA required; use # 870000868. See page F.6.)	B9998	1 bar	\$0.72
Resource Benecalorie	B4154	100 cal	\$1.39
Resource Beneprotein	B4155	100 cal	\$0.93
Resource Diabetic	B4154	100 cal	\$1.39
Resource GlutaSolve	B4155	100 cal	\$0.93
Resource Just for Kids	B4160	100 cal	\$0.59
Resource Plus	B4152	100 cal	\$0.59
Resource ThickenUp	B4100	1 pwd oz	\$0.56
Respilor	B4154	100 cal	\$1.39
SandoSource Peptide	B4154	100 cal	\$1.39

Product Name	HCPCS Code	One Unit =	9/1/05 Maximum Allowable Fee
Billing must be limited to a 1-month supply. Units must be rounded to the nearest whole number. MAA does not reimburse for puddings and shakes.			
Similac	B4150	100 cal	\$0.79
Similac HMF (PA Required)	B9998	1 packet	Submit Invoice
Similac PM 60/40	B4154	100 cal	\$1.39
SimplyThick (PA Required)	B9998	1 oz	Submit Invoice
Subdue	B4153	100 cal	\$2.41
Suplena	B4154	100 cal	\$1.39
Thick & Easy	B4100	1 pwd oz	\$0.56
Thick-It	B4100	1 pwd oz	\$0.56
Tolerex	B4153	100 cal	\$2.41
TraumaCal	B4154	100 cal	\$1.39
TwoCal HN	B4152	100 cal	\$0.59
Tyrex 2	B4162	100 cal	\$1.39
Tyros 2	B4162	100 cal	\$1.39
UCD 1 and 2	B4154	100 cal	\$1.39
Ultracal	B4150	100 cal	\$0.79
Ultracal HN Plus	B4150	100 cal	\$0.79
Upcal D	B4155	100 cal	\$0.93
Vital HN	B4153	100 cal	\$2.41
Vivonex Pediatric	B4161	100 cal	\$2.41
Vivonex Plus	B4153	100 cal	\$2.41
Vivonex TEN	B4153	100 cal	\$2.41


Fiber/Electrolyte Hydration Products

Fiber and electrolyte hydration products are covered on a limited basis through MAA's Prescription Drug Program. Refer to MAA's current *Prescription Drug Program Billing Instructions*.

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Fee Schedule

Equipment Rental/Purchase Policy

- The following are included in MAA's reimbursement for equipment rentals or purchases:
 - ✓ Instructions to the client and/or caregiver on the safe and proper use of equipment provided;
 - ✓ Full service warranty;
 - ✓ Delivery and pick-up; and
 - ✓ Fitting and adjustments.
 - If changes in circumstances occur during the rental period, such as death or ineligibility, MAA will terminate reimbursement at that date.
 - Providers may not bill for a rental and a purchase of any item simultaneously.
 - MAA will **not** reimburse providers for equipment that was supplied to them **at no cost** through suppliers/manufacturers.
 - All rent-to-purchase equipment may be new or used at the beginning of the rental period.
 - MAA reimburses for enteral nutrition related supplies for clients residing in nursing facilities **only when:**
 - ✓ The supplies are used to administer 100% of the client's nutritional requirements; and
 - ✓ The client's medical circumstances meet MAA's program requirements for enteral nutrition.
-  **Note:** Covered items that are not part of the nursing facility per diem may be billed separately to MAA.
- MAA reimburses for enteral nutrition-related supplies for clients receiving Medicare Part B **only when:**
 - ✓ The supplies are used to administer enteral nutrition products to non tube-fed clients; and
 - ✓ The client's medical circumstances meet MAA's requirements for enteral nutrition.

Enteral Supply Kits

- Do not bill more than one supply kit code per day.
- Enteral supply kits include all the necessary supplies for the enteral patient using the syringe, gravity or pump method of nutrient administration.
- Bill only for the actual number of kits used, not to exceed a one-month supply.

Procedure Code	Description	Maximum Allowable Fee	Rental	Purchase	Maximum Number of Units	Part of NH per diem
B4034	Enteral Feeding Supply Kit; Syringe (Bolus only)	\$5.66	N	Y	1 per client, per day	N
B4035	Enteral Feeding Supply Kit; Pump Fed, per day	\$10.78	N	Y	1 per client, per day	N
B4036	Enteral Feeding Supply Kit; Gravity Fed	\$7.38	N	Y	1 per client, per day	N

Enteral Tubing

- The total number of allowed tubes includes any tubes provided as part of the replacement kit.

Procedure Code	Description	Maximum Allowable Fee	Rental	Purchase	Maximum Number of Units	Part of NH per diem
B4081	Nasogastric tubing with stylet (each)	\$19.98	N	Y	3 per client, per month	N
B4082	Nasogastric tubing without stylet (each)	\$14.88	N	Y	3 per client, per month	N
B4083	Stomach tube – Levine type (each)	\$2.27	N	Y	1 per client, per month	N
B9998	Low Profile Gastrostomy Replacement Kit (e.g., Bard, MIC Key Button, Hide-a-port, Stomate) EPA #: 870000742	\$106.87	N	Y	2 per client, every 5 months	N
B4086	Gastrostomy/jejunostomy tube, any material, any type (standard or low profile), each	\$32.89	N	Y	5 per client, per month	N

Enteral Repairs						
Procedure Codes	Description	Maximum Allowable Fee	Rental	Purchase	Maximum Number of Units	Part of NH per diem
E1399	Repair Parts for Enteral Equipment. Only those client-owned pumps less than five (5) years old, and no longer under warranty will be allowed replacement parts. EPA #: 870000743 (Invoice required.)	85%	N/A	N/A		N
E1340	Repair or nonroutine service for durable medical equipment requiring the skill of a technician, labor component, per 15 minutes.	\$17.43	N/A	N/A		N
Pumps and Poles						
<ul style="list-style-type: none"> • Poles are considered purchased after 12 months' rental. • Pumps may be new or used equipment at beginning of rental period (See page D.2). 						
Procedure Code	Description	Maximum Allowable Fee	Rental	Purchase	Maximum Number of Units	Part of NH per diem
E0776-NU	IV pole. Purchase. Nondisposable. Modifier required.	\$99.49	N	Y	1 per client, per lifetime	Y
E0776-RR	IV pole. Rental. Nondisposable. Modifier required.	\$9.94	Per month	N	1 per month; not to exceed 12 months	Y
B9998	Case for ambulatory feeding pump. Included in pump purchase. EPA #: 870000744.-	\$101.59	N	Y	1 every 5 years	N
B9002-RR	Enteral nutrition infusion pump with alarm.	\$109.75	Per month	N	1 per month; not to exceed 12 months	N

Miscellaneous						
<ul style="list-style-type: none"> MAA review is required prior to billing this code. 						
Procedure Code	Description	Maximum Allowable Fee	Rental	Purchase	Maximum Number of Units	NH per diem
B9998	NOC for enteral supplies (other enteral nutrition supplies not listed).	To be determined by MAA. Prior authorization is required.				N

Miscellaneous Procedure Code

In order to be reimbursed for miscellaneous enteral nutrition procedure code B9998, all the information in the “Justification for use of B9998 Miscellaneous Enteral Nutrition Procedure Code and Limitation Extension Request Form” [DSHS Form # 13-745] must be submitted to the MAA Enteral Nutrition Program Manager prior to submitting your claim to MAA (see *Important Contacts* for information on how to access this form).

Do not submit claims using procedure code B9998 until you have received an authorization number from MAA indicating that your bill has been reviewed and the payable amount determined.

Include the following supporting documentation with your fax:

- Agency name and provider number;
- Client PIC;
- Date of service;
- Name of piece of equipment;
- Invoice;
- Prescription;
- Explanation of client-specific, medical necessity; and
- Name of primary piece of equipment and whether the equipment is rented or owned.